DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10008416-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

patent is sought on the ir Illuminated Touch Pad	nvention entitled:		
the specification of whic	h is attached hereto unless the	following box is ch	ecked:
*	as US Applica		
I hereby state that I ha	ve reviewed and understood	the contents of the (s) referred to abov	e above-identified specification, ve. I acknowledge the duty to
Foreign Application(s) and/or C I hereby claim foreign priority inventor(s) certificate listed bel	benefits under Title 35, United State	s Code Section 119 of foreign application for p	any foreign application(s) for patent or patent or patent or inventor(s) certificate having a
	plication on which priority is claimed:		
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C 119
			YES: NO:
			YES: NO
Provisional Application			
I hereby claim the benefit und below:	ler Title 35, United States Code Sect	ion 119(e) of any United	d States provisional application(s) listed
	APPLICATION SERIAL NUMBER	FILING DATE	
<u> </u>			
information as defined in Title application and the national or	37, Code of Federal Regulations, Sec PCT international filing date of this ap	tion 1.56(a) which occu plication:	knowledge the duty to disclose material rred between the filing date of the prior
APPLICATION SERIAL NUMBER	R FILING DATE	STATUS (patented/pending/abandoned)	
	demark Office connected therewith:	and/or agent(s) to pros Place Customer Number Bar Code Label here	secute this application and transact all
Send Correspondence to:		Direct Telephon	e Calls To:
HEWLETT-PACKARD CON Intellectual Property Admir		Jeff D. Limon	
P.O. Box 272400		(541) 715-5979	
Fort Collins, Colorado 805	527-2400	(941) 719-997	9
made on information and the knowledge that will or both, under Section	d belief are believed to be true ful false statements and the li	e; and further that th ke so made are pur I States Code and t	are true and that all statements nese statements were made with hishable by fine or imprisonment, hat such willful false statements.
Full Name of Inventor: Michael D Derocher		Citizenship: US	
Residence: 44	76 NW Snowbrush Drive, C	orvallis OR 97330)
Post Office Address: Sar	ne as residence		f
- liano	ENOCHEL	_ 4/9/	0/